

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

444460.									
Complete this report in duplicate at the Send copy to Department of Health an	time of the regular d d Senior Services; re	monthly p	reventative n al in departm	nainter ent fil	nance check, an	d when	ever instrument is	s repaired	
ALCO SENSOR IV SN 094802	SOR IV SN PRINTER SN				PAYE OF INSPECTION 06/13/2016				
LOCATION OF INSTRUMENT (STREET AND CIT 300 N.New Ballas Rd, Creve Coeu	y) r, MO						F INSPECTION		
CHECKLIST: Place a mark in the box to ues where determined.) Unmarked item	y each item if found as must be corrected	to be satis	factory or if o	perat	ing within establi			erved val-	
DIGITAL READOUT (ALL ELEMEN			······································						
☑ TEMPERATURE OF ALCO SENSO	OR (10°C - 40°C)								
PRINTER WORKING PROPERLY				~					
☐ YIME AND DATE DISPLAYING PR	OPERLY	***************************************			10111.14				
BREATH ALCOHOL ACCURACY STA	NDARDS			***************************************		(************************************	<u> </u>	Contraction of the Contraction o	
SIMULATOR SOLUTION	,		О СОМРЕ	ESSE	D ETHANOL-G	AS MIX	TURE	ALL TAXABLE AND ADDRESS OF THE PARTY.	
STANDARD SUPPLIER RepCo LOT # 15001 EXP. DATE 05/20/2017									
SIMULATOR TEMPERATURE (34°	C ± 0.2°C)34	SIMU	LATOR SN _	SD	2784 SIMUL	ATOR I	EXP DATE <u>07/1</u> :	3/2016	
less. Check the box corresponding to 0.100% STANDARD - MUST FOR 0.080% STANDARD - MUST FOR 0.040% STAN	EAD BETWEEN 0.0 EAD BETWEEN 0.0	95% and (76% and (),105% INCL),084% INCL	USIVI USIVI	•			ļ	
TEST 1 🖛 .102	TEST 2 * .10	2 * .102			TEST 3 ★ .101				
RFI DETECTOR OPERATING								:	
INDICATE THE NUMBER OF BREATH (DO NOT INCLUDE SELF-ADMINISTE)	TESTS IN THE FOL	LOWING	RANGES SI	NCET	THE LAST MAIN	TENAN	NCE REPORT:		
REFUSALS 1 (004) 0	(.0509)	0 (10-,14)	1	(.1519)	1	(OVER .19)	0	
List any new parts and describe any altestablished limits (use other side if nece	eration or modificatio ssary).	n that wa	s made to re	store	the instrument to	operat	1 '	nd within	
nspecting officer						1 1 2 4 6 7			
GRATURE PO Parl D. Van	692				PAINT NAME PO Michael Va	aclavik	692		
YPE II PERMIT NUMBER/EXPIRATION DATE 240319 07/30/2016					(314) 432-800	0			
	th Alcohol Program, I James Boulevard ar Bluff, MO 63901	MO Depar	tment of Hea				heast District Offi	ce	

3101-168 STONYEROOK DRIVE Raleigh, N.C. 27604 919-676-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 15001

EXPIRATION DATE: May 20, 2017 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 15001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain _____ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _.100_ +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 21, 2015 The expiration date for this lot number is _____May 20, 2017 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President.

RepCo Marketing, Inc.

Form RM 02

	AS IV Serial not 894862 Version not 5328	IEST KRUIRN 88981	Tens Jaco Time 2181	VOID: RFI 12 86/13/16 88:35	Sibiser: Nave	පිළුවිමෙන් I.D.	Operator Names 1.D.	Location	CCOD BURKING P		
AS IV Serial not 894862	TEST RECARD 8058	Temp Bate Time 216L	Air 31maik: 86/13/16 88433 , 288	Calibration Check: 22 86/13/16 09:33 ,101	Subject Name	Subject I. I.	Brenstor Name, I.I.	Polycumic 192	C. P. SWEING		
	AS IV Serial no: 894882 Version no: 5323	TEST RECURS 68979	Tens Date Time 2101	fir Blank: GE/13/15 MR:31 , BEB Califoration Communication	22 66/15/16 88:31 , 162	Súbisect Hans	Sub inct I.D.	Operator Name, 1,11,	Location	CAN ROOK MA	
	#S IU Serial no: 594862 Version no: 5325	8	s. Temp late Time 2101	hir Bisnx: 26/13/16 28:29 . 268	Calibration Check: 21 SE/13/16 28:29 .162	Sub Sect. Name	Sub Sect I.D.	Gestator Name, I.B.	Sovacion	CLOO BOXEILE	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

MICHAEL J VACLAVIK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 Ihrough 306.119 RSMo.

DATE ___7/30/2014 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240319 EXPIRES 7/30/2016

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (A8-10)



in Missouri

Permit No 240319

Date Expires 7/30/2016 Date Issued 7/30/2014